



For Official Use Only

EXTERNAL USER ACCESS REQUEST FORM

Request for the Assignment of Logon ID and Password

PART 1 – TO BE COMPLETED BY REQUESTOR

Date:

☒ **New**

☐ **Update**

☐ **Delete**

☐ **Disable**

☐ **Special Request (Use Remarks Field)**

Remarks:

User ID:

User Full Name:

SSN (Last Six):

Agency:

Name of Office:

Address:

City:

State:

Zip:

Country:

Office Phone:

Fax:

DSN:

Home Phone:

Cell Phone:

Personal ID (In full):

E-mail:

Your rights under The Privacy Act of 1974 5 U.S.C. § 552a specifies:

“Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.”

The Social Security Number solicitation on this form is made on behalf of the Public Safety department and is mandatory in order to verify your level of security clearance.

BPNSE ROLE TO BE ASSIGNED☐ **Applications:**☐ CCRTTools:☐ Q1 User☐ Q2 User☐ UID:☐ Update☐ Issue Tracker☐ Read Only☐ Update☐ PM

Application Permitted:

☐ BINCS☐ BINCS PM☐ CCR☐ CCR PM☐ Fed-Reg☐ Fed-Reg PM☒ UID☐ UID PM☐ Statistics

A user may be assigned roles in multiple areas or multiple roles within an area. A role is essentially a collection of objects. Object access can be granted to and revoked from a role and thus granted to and revoked from all members of that role. Roles will be set up that define specific job functions within BPNSE. Each BPNSE user will be granted specific access to specific objects as needed to perform the job function as defined by an assigned role.

SIGNATURES

Requestor: _____

Date: _____

Supervisor: _____

Date: _____

Supervisor Printed Name: _____

Supervisor Phone Number: _____

PART 2 – TO BE COMPLETED BY SECURITY PERSONNEL

Requestor named above is certified as or waived to:

☐ ADP-I☐ ADP-II☐ ADP-III

If applicable:

☐ Confidential☐ Secret☐ Top Secret

Date of Investigation: _____

Type of Investigation: _____

Clearance is: _____

Granted By: _____

Expires: _____

Clearance Verified By: _____

Date: _____

**PART 3 – TO BE COMPLETED BY THE TERMINAL AREA SECURITY OFFICER (TASO)
AND INFORMATION ASSURANCE OFFICER (IA)**

TASO: _____

Date: _____ TASO's Phone Number: _____

IA Manager/Administrator: _____

Date: _____ ICM/IA's Phone Number: _____